

December 11, 2009

Sharyl Y. Carter Supplemental Response
and Reply for Proof of Claim nos 116849 and 1168.
Chapter 11

Case Number D5-44481 (RDD)
Jointly Administered

United States Bankruptcy Court
Southern District of The New York

In re
DPH Holding Corp. et al
Reorganized Debtors.

I Sharyl Y. Carter reside at 1541 LaSalle Ave #1
Niagara Falls, New York, 14301. My numbers are (716) 282-3624
and (937) 302-8072. I object and disagree with Belphi Corp.
(Debtors) objecting, to my claims, and for the Debtors to
want my claims disallowed and expunged in its entirety.

Enclosed are copies of the FEEB envelope, 1st page,
and my claim nos, name, etc that I received from the
Debtors, dates when I received them that I wrote at
the bottom right hand corner.

I Sharyl Y. Carter could not file an affidavit or
declaration of any witnesses due to the fact that I am

have A list of the witness About 100+ plus, that was listed in my deposition, with more evidence to my claim against the Debtors. There's no way I can contact the witness due to the Plant closing, many employees, and management, my witness were paid off, took buyout, Relocated, terminated, etc from the company. I have Relocated due to loss of my employment with Belpi Corp (Debtors). If I do not have a claim against the Debtors why I continue to receive information, and I have to respond by certain dates, times, Also why the Confidentiality proprietary - constraints? I am doing my best to answer, and respond, reply to the Debtors objection of my claim.

I requested that the Debtors produce, give me all of my copies, documents, evidence they have on me, and to the courts also. I have gave up all copies several times when I was starting my claims from Ohio Court system. My two Attorney 1st George Katchmer Q37 224-0036, who delay, and misrepresented me on my claim against the Debtors, also Mr. Katchmer with held evidence, documents from me. I spent a lot of money throughout these years, copying, mailing, certify mail on time with my claims. I listed on - 11

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me. Katchmer to the Bar Association in Dayton Ohio, who to
about 1 1/2 years to do nothing on my complaint. My 2nd
Attorney Geoffrey P. Barron Esq - 2900 Carew Tower,
Cincinnati, Ohio 45202 (513) 484-7573 cell - (513) 345-1424.

AD Preliminary Statement - Response from Sheryl Y. Carter

The Debtor stated they filed for voluntary petitions in
this court for reorganization relief under Chapter 11 of the
United States Code 11 U.S.C. 101-1330 on October 8, and 14, 2005

2. The modified Plan stated the Debtors, and certain
Affiliates had been approved by this court (Docket 18707)
and emerged from Chapter 11 as the Reorganized Debtors.

3. On November 18, 2009, the Reorganized Debtors filed the
Notice of Sufficiency Hearing with respect to Debtors
objection to Proof of Claim, my NO's 16849 and 16850.

4. I Sheryl Y. Carter am filing my response, reply to the
Debtors objection, I disagree with the Debtors.

5. I Sheryl Y. Carter feel I do have a colorable
claim against the Debtors for reason of all my note
documents, evidence I provided the Debtors, Attorneys, and
courts on behalf of my claims.

6. This is my Supplemental Response, Reply to Debtor
I have file and serve in a timely manner, two
business days before the scheduled Sufficiency Hearing,
date December 16, 2009.

B. Relief Requested 7. I disagree with the Reorganized Del Request entry of an order disallowing and expunging all proof of claim that I have against them the Debtors.

C. Sharyl 4 Carter Claim. 8. I would like for the Courts to Allow my claims nos 16849, and 16850 against the Debtors. The dollar amount of \$50 million maybe by for each claim. The Debtors owe me a large amount money, dollars on my claims. The Debtors do have books and records on all employees, wages, etc. In those records it would show something, Amount, plus I feel I should be awarded for my pain and suffering, interest.

9. The Carter Claims filed Against the Debtors. ON April 28, 2009 and May 1, 2009, the Debtors stated I filed identical proof of claim numbers. (The Carter Claim against Delphi Automotive System LLC (DASULC). The Debtors finally, but later, and after the fact, mailed me a proof of claim forms 2x. I filed them out to the best of my ability. Yes I stated many times in my letters to the Courts / Judges, Attorneys, Debtor Attorneys that all my documents and evidence was given, or should have been attached to my claim against the Debtors through the Courts, Attorneys who represented myself, George Katchmar and Geoffrey Tannen, Debtors Attorney Laurie, make out this. They were given everything to make claim out.

December 15, 2006, medical documents from doctors, there name address, notes, witness list of 100+ plus people, also a 700+ pl Page deposition costing me \$800.00 of 7 1/2 hrs long, claims claim from Judge Walter Herbert Rice, all originals, etc

10. The Debtors Objection To The Carter Claim. The Debtor filed the Thirty-fourth Omnibus Objection Pursuant to Expunging I A-F and II A-C and III, IV-(Docket no 17182). The Debtor objected to my claim (Carter claim on grounds that such claims asserted dollar amount and liabilities not reflected on the Debtors book and records, also Debtors sought an order disallowing and expunging (the Carter claim) my claim. The Debtor Refuse to show records on my behalf, they have them, records, and books on me, my employment, injured doctors in plant doctors, and my doctors treatments notes, etc also when I was on sick leave, injured on the job etc.

11. my Carter Response to the Debtors Objections. The Debtors claim that nothing in the my response provides an rational explanation documents, evidence or support for any of the claim asserted in the Carter claim. Why was I repeatedly told by the Debtors, and Attorney office Kurtzman Caesar Consultants several times that I do not have a claim due to untimely filing, also making that same statement to my Attorney Geoffrey Deerman I made several attempts to get in

on my claims against the Debtors, Status, I was denied that information many times. I always filed my objection and respond by the deadline, when I am allowed or not to do.

12. The Sufficiency Hearing Notice The Debtors stated the Carter Claims was adjourned to a future date. On November 18, 2009 The Reorganized Debtors filed the Sufficiency Hearing Notice with respect to my claim (Carter claim). I enclosed copies of those FedEx envelopes 1st page letter, another page of claim no. 10. I do not believe that this is enough time to file my Reply and response, but I will do my best, due to medical problems - Health, NO income from Debtors lay off status.

D. Claimant's Burden of Proof and Standard For Sufficiency of Claim. 13. I Sharyl Y. Carter have stated a claim against the Debtors under Rule 7012 Federal Rules of Bankruptcy Procedure. As the stated previously the Debtors, Courts, Attorneys have my information I provided to make my claims against the Debtors. My claims no 16849, and 16850 should not be sustained or disallowed, and expunged in its entirety according to the Debtors belief. If the Debtors, Attorney give up all documents, evidence, everything they have on me book, and records, if not destroyed. I do know I am

14. I provided proof to establish my claims against Debtors, several times to Attorneys, Courts, Judges in Ohio Court system to start. The Debtors have sufficient factual support, evidence, documents, book, record on my behalf. The Debtors Attorney as well as the 2x court in Ohio when I started my claims, which all that information should have been pass on to this court judge. I gave measure evidence, documents, sufficient fact

15. I disagree with the Debtors to dismiss my claim, and it should not be in favor of the Debtors. I feel I have met the initial burden of proof to establish my claim against the Debtors, where is there proof of me, Sheryl Y. Carter not providing any documentation, evidence, etc on, toward these claims. In providing facts and sufficiently support of a legal liability against the Debtors, the Attorney have to provide all information and documents to Courts/Judges that is given to them by there client. Not to with old or delay tactics, destroy, etc information so client do not have anything to provide in a case like this one. How many copies of ALL maile paper work, notes, documents, evidence do the Debtors need to see on my behalf to...

all information that I stated J. Carter provided, to support my claims against the Debtors. The Employment Litigation which the courts have all documents, Attorneys as well have. That was won in California Federal Courts I believe, which we the employees should be employed until 2011 without no lay off, etc. At this time I am unemployed due to the Debtors closing the facility, plant in October 2007, or I was force to go into an empty plant and sign out, off from sick leave. Where is all those documents, records and books etc on behalf of me. I was just told by the Debtors Insurance Co. I no longer have Health Insurance for me and my daughter. I provided that package of litigation to my attorney, the Debtors have it as well. The Debtors stated and listed that my employment litigation claim on Schedule F on the Amended and Restated Schedules of Assets and Liabilities for DAS LLC is a contingent, unliquidated, and disputed claim against DAS LLC. With all that evidence documents I provided several times, the Debtors attorney Laurie Clay, I believe that's her name

included my workers compensation claim with my claim against the Debtors, see 700+ plus page deposition of 7/2 hrs.

18. my claim should not be disallowed and expunged in their entirety against the Debtors. I provided everything to Debtors, Attorneys previously for the start of my claims, also to my attorney which forwarded them to the Courts. Why this Court was not notify of all documents, evidence sent to this court as well? All informations, documents I gave support a right of my payment from the Reorganized Debtors, that's my proof as well. I do believe the, my Share of 2/3rds claims will be in the amount of millions each.

19. When the Bar Date order and the Bar Date was set for filing Proof of claim, why I continue to get information through the mail with my name on it, if I did not have a claim. But I responded in time when I received the letters in time, at the correct address. I explain why documents was not available, but was given several times in error.

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20. I calculated the amount of \$50 million for all my claims, treatments, injury, pain suffering, medical by the Debtors. If that amount is not awarded to Courts/Judge/Jury to be considered in the millions of each claim. A price can not be placed upon what I've been through with the Debtors, that would please me.

21. The Carter Claims that was filed almost (3) three years later after the Bar Date stated the Debtors, because I was denied information, told I don't have a claim or claims against the Debtor for lack of a timely filing, ignored calls I placed to the Debtors Attorney who was mailing me paperwork, Kutzman Caeson Consultants. I was not given a proof of claim form to fill out, I did not know I needed one, no one explain that information to me. Also due to mail not timely file, or give to me at a reasonable timely manner. I also did file a motion and made attempts to, and responses to the Debtors to the best of my ability.

22. I know, and believe I file a timely proof of claim given the chance and information I was given at that time. I did not neglect, on my behalf, a proof of claim, or anything concerning my claims against the Debtors. I mailed certified mail to the Courts / Debtors, And Attorney for years on time. I write letters, responding to deadline, when I received information in the mail, since the beginning of these claims. In the Ohio Courts, as well as this Court, United States Bankruptcy Courts for the Southern District of New York. If I was late of filing proof of claim or any other responses, reply, it should be excusable due to what, when, all the information I given several times to the Courts / Judges / Debtors Attorney / my Attorney / agency.

23. I have met my burden of proof to establish a claim against the Debtors. All my claims should be allowed, as I provided

facts, documents, evidence, information, timely file
on my claims to the Debtors/Courts/Judges/Attorney
The thirty-fourth Omnibus Claims/Carter Cla
should be allowed, all my claims I have again
the Debtors. I ask of you the Courts/Judge in
the United States Courts to allow all my claim
Also payment allowed as well, if not \$50 mill
then in the millions for each claim I have
against the Debtors.

If I did not enclosed that's needed I could
not locate them at this time, since I have
very little time to prepare, react, respond, reply
to my claims.

I Sharyl G. Carter respectfully request,
ask of this Court to enter and order, allowing
all my claims against the Debtors.

Thank 2 you.

Sincerely,
Sharyl G. Carter

Dated
December 11, 2009

United States Bankruptcy Court Southern District Of New York		PROOF OF CLAIM
Name of Debtor <u>General Motors Corporation</u>		This Space For Court Use Only
Case Number <u>09-50026 (REB)</u>		
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property) <u>Stacyl Y. Carter</u>	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/>	This Space For Court Use Only
Name and Address where notices should be sent. <u>Stacyl Y. Carter</u> <u>92 Woodley Lane</u> <u>Rayton Ohio 45415</u>	<input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.	
Telephone Number <u>(937) 742-7051 - (937) 411-3028 D72</u>	<input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Last four digits of account or other number by which creditor identifies debtor: <u>9353</u>	Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim dated: _____	
1. Basis for Claim <input type="checkbox"/> Goods Sold / Services Performed <input type="checkbox"/> Customer Claim <input type="checkbox"/> Taxes <input type="checkbox"/> Money Loaned <input type="checkbox"/> Personal Injury <input type="checkbox"/> Other <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of your SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)		
2. Date debt was incurred: <u>Unknown</u>		3. If court judgment, date obtained: <u>June 3, 2009</u>
4. Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations. Unsecured Nonpriority Claim \$ _____ <input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority. Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: _____ <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____ <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). * Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
5. Total Amount of Claim at Time Case Filed: \$ _____ (Unsecured) (Secured) (Priority) (Total) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
6. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 7. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. 8. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		This Space For Court Use Only
Date <u>June 16, 2009</u>	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any) <u>Stacyl Y. Carter</u> Stacyl Y. Carter	

Penalty for presenting fraudulent claim: (fine up to \$500,000 or imprisonment for up to 5 years, or both - 18 U.S.C. §§ 152 and 357)

United States Bankruptcy Court Southern District Of New York

PROOF OF CLAIM

This Space For Court Use Only

Name of Debtor

General Motors Corporation

Case Number

129-150026 (REB)

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor (The person or other entity to whom the debtor owes money or property)

Sheryl J. Carter

Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Name and Address where notices should be sent

Sheryl J. Carter
92 Wadsworth Ave
Bayton Ohio 45415

Check box if you have never received any notices from the bankruptcy court in this case.

Check box if the address differs from the address on the envelope sent to you by the court.

Telephone Number

(937) 742-7054 - 302-8072

Last four digits of account or other number by which creditor identifies debtor: 9353

This Space For Court Use Only

Check here ☐ replaces if this claim ☐ amends a previously filed claim dated: _____

1. Basis for Claim

☐ Goods Sold / Services Performed☐ Customer Claim☐ Taxes☐ Money Loaned☐ Personal Injury☐ Other☐ Retiree benefits as defined in 11 U.S.C. § 1114(a)☐ Wages, salaries, and compensation (fill out below)

Last four digits of your SS #: _____

Unpaid compensation for services performed

from _____ to _____

(date)

(date)

2. Date debt was incurred:

UNKNOWN

3. If court judgment, date obtained:

June 3, 2009

4. Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.

Unsecured Nonpriority Claim \$

☐ Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.

Secured Claim.

☐ Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

☐ Real Estate ☐ Motor Vehicle ☐ Other _____

Value of Collateral \$ _____

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____

Unsecured Priority Claim.

☐ Check this box if you have an unsecured claim, all or part of which is entitled to priority.

Amount entitled to priority \$ _____

Specify the priority of the claim:

☐ Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).☐ Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).☐ Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____).

* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

5. Total Amount of Claim at Time Case Filed: \$

(Unsecured)

(Secured)

(Priority)

(Total)

Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

6. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.
7. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

8. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

Date

June 16, 2009

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any).

Sheryl J. Carter

This Space For Court Use Only

Penalty for presenting fraudulent claim: Fine up to \$500,000 or imprisonment for up to 5 years, or both - 18 U.S.C. §§ 152 and 357.

United States Bankruptcy Court Southern District Of New York		PROOF OF CLAIM
Name of Debtor General Motors Corporation		Case Number 129-50026 REB
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property) Sheryl Y. Carter	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	This Space For Court Use Only
Name and Address where notices should be sent Sheryl Y. Carter 92 Woburn Ave #2 Boston MA 02110 45415	Check box if you have never received any notices from the bankruptcy court in this case.	
Telephone Number (937) 742-7054 - 302-8072	Check box if the address differs from the address on the envelope sent to you by the court.	This Space For Court Use Only
Last four digits of account or other number by which creditor identifies debtor: 9353	Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim dated: _____	
1. Basis for Claim <input type="checkbox"/> Goods Sold / Services Performed <input type="checkbox"/> Customer Claim <input type="checkbox"/> Taxes <input type="checkbox"/> Money Loaned <input type="checkbox"/> Personal Injury <input type="checkbox"/> Other		
2. Date debt was incurred: UNKNOWN		
3. If court judgment, date obtained: June 3, 2009		
4. Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.		
Unsecured Nonpriority Claim <input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		
Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority. Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).		
Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____		
5. Total Amount of Claim at Time Case Filed: \$ (Unsecured) _____ (Secured) _____ (Priority) _____ (Total) _____ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
6. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 7. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. 8. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		
Date June 16, 2009	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any) Sheryl Y. Carter	This Space For Court Use Only
Penalty for presenting fraudulent claim: Fine up to \$500,000 or imprisonment for up to 5 years, or both - 18 U.S.C. §§ 152 and 1571		

United States Bankruptcy Court Southern District Of New York		PROOF OF CLAIM
Name of Debtor <u>Delphi Automotive System LLC</u>	Case Number <u>05-44481</u> <u>122</u>	This Space For Court Use Only
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property) <u>Sharyl Yvette Carter</u>	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	This Space For Court Use Only
Name and Address where notices should be sent: <u>Sharyl Yvette Carter</u> <u>92 Woodley Lane #C</u> <u>Bayton MD 21015-4545</u> <u>(937) 211-1937</u> Telephone Number: <u>742-7054</u> <u>302-8072</u>		
Last four digits of account or other number by which creditor identifies debtor:	Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim dated: _____	
1. Basis for Claim <input type="checkbox"/> Goods Sold / Services Performed <input type="checkbox"/> Customer Claim <input type="checkbox"/> Taxes <input type="checkbox"/> Money Loaned <input checked="" type="checkbox"/> Personal Injury <input checked="" type="checkbox"/> Other <u>Employment Litigation - Hostile Work Environment</u> <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input checked="" type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of your SS #: <u>9853</u> Unpaid compensation for services performed from _____ to _____ (date) (date)		
2. Date debt was incurred:		3. If court judgment, date obtained:
4. Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations. Unsecured Nonpriority Claim \$ <u>50 million back + interest</u> <input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority Amount entitled to priority \$ <u>50 million Dollars + interest</u> Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ <u>50,000,000.00</u>		
5. Total Amount of Claim at Time Case Filed: \$ <u>50,000,000.00</u> (Unsecured) <u>50,000,000.00</u> (Secured) <u>50,000,000.00</u> (Priority) <u>50,000,000.00 + interest</u> (Total) <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
6. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 7. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. 8. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim		This Space For Court Use Only
Date: <u>4/28/09</u>	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <u>Sharyl Yvette Carter</u> <u>Sharyl Y. Carter</u>	

United States Bankruptcy Court Southern District Of New York		PROOF OF CLAIM
Name of Debtor <u>Delphi Automotive System LBS LLC</u>		Case Number <u>05-44481</u> <small>102</small>
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property) <u>Sharyl Yvette Carter</u>		This Space For Court Use Only
Name and Address where notices should be sent: <u>Sharyl Yvette Carter</u> <u>92 Woodley Lane #C</u> <u>Bayton OH 45415</u> Telephone Number: <u>(937) 742-7054</u> <u>(937) 302-8072</u>		
Last four digits of account or other number by which creditor identifies debtor:		This Space For Court Use Only
1. Basis for Claim <input type="checkbox"/> Goods Sold / Services Performed <input type="checkbox"/> Customer Claim <input type="checkbox"/> Taxes <input type="checkbox"/> Money Loaned <input checked="" type="checkbox"/> Personal Injury <input checked="" type="checkbox"/> Other <u>Employment Litigation - Hostile Work Environment</u>		
2. Date debt was incurred:		
3. If court judgment, date obtained:		
4. Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.		
Unsecured Nonpriority Claim \$ <u>50 million Dollars + interest</u> <input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ <u>50,000,000.00</u>
Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority. Amount entitled to priority \$ <u>50 million Dollars + interest</u> Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).		<input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). <small>* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>
5. Total Amount of Claim at Time Case Filed: \$ <u>50,000,000.00</u> (Unsecured) <u>0.00</u> (Secured) <u>0.00</u> (Priority) <u>50,000,000.00</u> (Total) + <u>interest</u> <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
6. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 7. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. 8. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim		This Space For Court Use Only
Date: <u>4/28/09</u> Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <u>Sharyl Yvette Carter</u> <u>Sharyl Y. Carter</u>		

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

Sent to Honorable Robert D. Dean
United States Bankruptcy Court - Southern Dist.
 Street, Apt. No., or PO Box No. ONE Bowling Green - 6th Fl.
 City, State, ZIP+4 New York, New York 10004

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Honorable Robert D. Dean - US Bankruptcy Ct.
Southern District of New York
ONE Bowling Green - 6th Fl.
New York, New York
10004

2. Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X
☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

Sent to United States Bankruptcy Court
Nexander Hamilton Custom House
 Street, Apt. No., or PO Box No. ONE Bowling Green - Court Room
 City, State, ZIP+4 New York, New York 10004

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

United States Bankruptcy Court
Alexander Hamilton Custom House
One Bowling Green - 10th Floor
New York, New York 10004

2. Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

U.S. Postal ServiceTMCERTIFIED MAILTM RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

Postmark
Here

Sent To: Skadden, Arps, Slate, Meagher & Flannery LLP
Attn: John Wm Butte / John K Lyons / Ron E Meagher
Street, Apt. No., or PO Box No. 333 West Wacker Dr. St 2100
City, State, ZIP+4 Chicago, Illinois 60606
PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Skadden, Arps, Slate, Meagher & Flannery LLP
Attn: John Wm Butte / John K Lyons / Ron E Meagher
333 West Wacker Dr. St 2100
Chicago, Illinois 60606

2. Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service Pg 21 of 50

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com**OFFICIAL USE**7007 2680 0002 4739 9475
7007 2680 0002 4739 9475

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

Sent To Skadden, ARPS, Slate, Meagher & Flannery LLP
Attn: Kayalyn A. Marafioti, Thomas J. Matz
 Street, Apt. No., or PO Box No. Four Times Square
 City, State, ZIP+4 New York, New York 10036

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Skadden, ARPS, Slate, Meagher & Flannery LLP
Attn: Kayalyn A. Marafioti, Thomas J. Matz
Four Times Square
New York, New York
10036

2. Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

PS Form 3811, February 2004

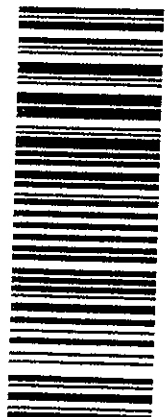
Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com**OFFICIAL USE**7008 1830 0002 1389 9362
7008 1830 0002 1389 9362

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

Sent To Delphi Corporation
Attn: General Counsel
 Street, Apt. No., or PO Box No. 5725 Delphi Drive
 City, State, ZIP+4 Kok, Michigan 48098

PS Form 3800, August 2006

See Reverse for Instructions

Pg 22 of 50

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>Delphi Corporation Attn: General Counsel 5725 Delphi Drive Troy, Michigan 48068</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>Kurtzman Green & Co. LLP Attorney for Delphi Corp 2335 Alaska Ave El Segundo, CA 90245</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only. No Insurance Coverage Provided.)
For delivery information visit our website at www.usps.com

OFFICIAL USE

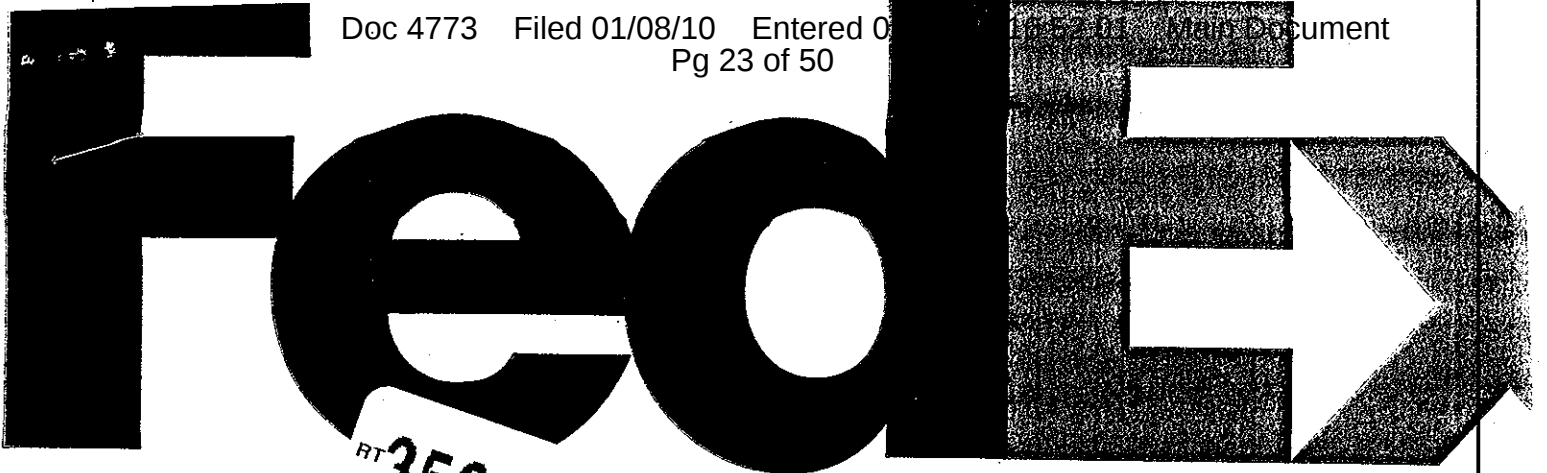
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent to Kurtzman Green & Co. LLP
Attorney for Delphi Corp
2335 Alaska Ave
El Segundo, CA 90245

Postmark Here

7008 1830 0002 1389 9430
7008 1830 0002 1389 9430

Form 3800, April 2006 See Reverse for Instructions

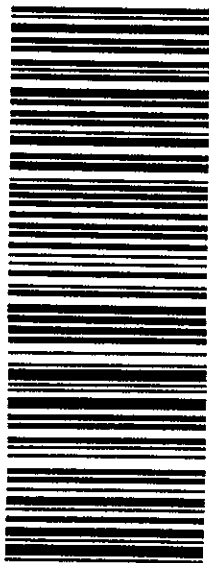


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Form 4330 9480 3166 0201
14301 - NY - US XX DKK BUF



Ref: DELPHI JCP MEMPHIS 23036-9
Dept: Delphi Corporation

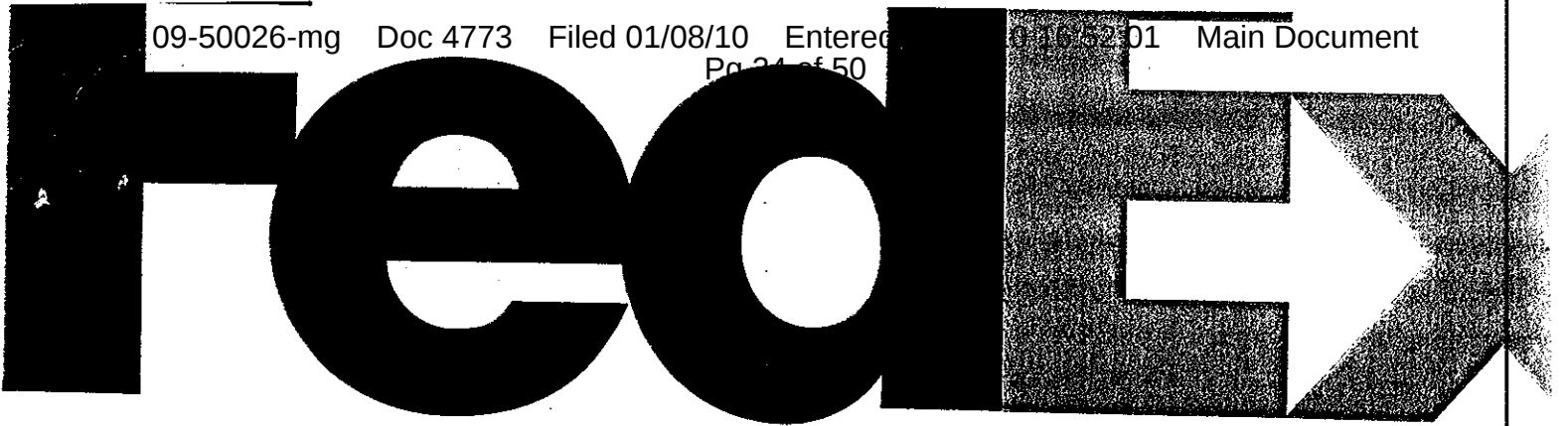
NIAGRA FALLS, NY 14301

SHARLE YVETTE CARTER
1541 LA SALLE AVE NO 1

UNITED STATES US 10 (3)

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14301 - NY - US

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SHARYL YVETTE CARTER
1541 LA SALLE AVE NO 1
NIAGRA FALLS, NY 14301

Ref: DELPHI JCP MEMPHIS 22497-1
Dept: Delphi Corporation

EL SEGUNDO, CA 90245
UNITED STATES US

Account: S 34

(31)

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PAE 11/25/10

PRF 22497-1

SKADDEN, ARPS, SLATE, MEAGHER & FLOM LLP
155 North Wacker Drive
Chicago, Illinois 60606
(312) 407-0700
John Wm. Butler, Jr.
John K. Lyons
Ron E. Meisler

- and -

SKADDEN, ARPS, SLATE, MEAGHER & FLOM LLP
Four Times Square
New York, New York 10036
(212) 735-3000
Kayalyn A. Marafioti

Attorneys for DPH Holdings Corp., et al.,
Reorganized Debtors

DPH Holdings Corp. Legal Information Hotline:
Toll Free: (800) 718-5305
International: (248) 813-2698

DPH Holdings Corp. Legal Information Website:
<http://www.dphholdingsdocket.com>

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

-----	x	
In re	:	
	:	Chapter 11
DPH HOLDINGS CORP., <u>et al.</u> ,	:	
	:	Case No. 05-44481 (RDD)
Reorganized Debtors.	:	(Jointly Administered)
-----	x	

NOTICE OF SUFFICIENCY HEARING WITH RESPECT TO DEBTORS'
OBJECTION TO PROOFS OF CLAIM NOS. 1374, 1375, 1376, 1377, 1378,
1379, 1380, 1381, 1382, 1383, 1384, 1385, 1386, 1387, 2539, 3175, 5408, 6468,
6668, 7269, 9396, 10570, 10571, 10835, 10836, 10964, 10965, 10966, 10967,
10968, 12251, 13464, 13663, 13699, 13730, 13734, 13863, 13875, 14334, 14350,
14751, 15071, 15075, 15513, 15515, 15519, 15520, 15521, 15524, 15525, 15532,
15584, 15586, 15587, 15588, 15590, 15591, 15592, 15593, 15594, 15595, 16175,
16591, 16849, AND 16850

EXHIBIT A

A	B	C	D	E	F	G	G
Proof Of Claim Number	Date Filed	Party Filing Proof Of Claim	Owner Of Claims	Asserted Amount	Objection	Date Of Objection	Debtor Named On Proof Of Claims
10570	7/25/2006	TK HOLDINGS INC AUTOMOTIVE SYSTEMS LABORATORY INC AND TAKATA SEAT BELTS INC	TK HOLDINGS INC AUTOMOTIVE SYSTEMS LABORATORY INC AND TAKATA SEAT BELTS INC	\$0.00	Third Omnibus Claims Objection	10/31/2006	DELPHI TECHNOLOGIES, INC
10964	7/26/2006	TK HOLDINGS INC	TK HOLDINGS INC		Third Omnibus Claims Objection	10/31/2006	DELPHI TECHNOLOGIES, INC
10965	7/26/2006	TAKATA CORPORATION	TAKATA CORPORATION		Third Omnibus Claims Objection	10/31/2006	DELPHI TECHNOLOGIES, INC
10966	7/26/2006	HIGHLAND INDUSTRIES INC	HIGHLAND INDUSTRIES INC		Third Omnibus Claims Objection	10/31/2006	DELPHI TECHNOLOGIES, INC
10967	7/26/2006	HIGHLAND INDUSTRIES INC	HIGHLAND INDUSTRIES INC		Third Omnibus Claims Objection	10/31/2006	DELPHI TECHNOLOGIES, INC
10571	7/25/2006	TK HOLDINGS INC AUTOMOTIVE SYSTEMS LABORATORY INC AND TAKATA SEAT BELTS INC	TK HOLDINGS INC AUTOMOTIVE SYSTEMS LABORATORY INC AND TAKATA SEAT BELTS INC	\$0.00	Fourteenth Omnibus Claims Objection	5/22/2007	DELPHI CORPORATION
10968	7/26/2006	TAKATA CORPORATION	TAKATA CORPORATION		Fourteenth Omnibus Claims Objection	5/22/2007	DELPHI CORPORATION
16849	5/1/2009	SHARYL YVETTE CARTER	SHARYL YVETTE CARTER	\$50,000,000.00	Thirty-Fourth Omnibus Claims Objection	6/22/2009	DELPHI AUTOMOTIVE SYSTEMS LLC
16850	4/28/2009	SHARYL YVETTE CARTER	SHARYL YVETTE CARTER	\$50,000,000.00	Thirty-Fourth Omnibus Claims Objection	6/22/2009	DELPHI CORPORATION
1374	12/29/2005	AMERICAN INTERNATIONAL GROUP INC AND ITS RELATED ENTITIES	AMERICAN INTERNATIONAL GROUP INC AND ITS RELATED ENTITIES		Sixteenth Omnibus Claims Objection	6/15/2007	DELPHI AUTOMOTIVE SYSTEMS LLC
1375	12/29/2005	AMERICAN INTERNATIONAL GROUP INC AND ITS RELATED ENTITIES	AMERICAN INTERNATIONAL GROUP INC AND ITS RELATED ENTITIES	\$0.00	Sixteenth Omnibus Claims Objection	6/15/2007	DELPHI AUTOMOTIVE SYSTEMS LLC
1376	12/29/2005	AMERICAN INTERNATIONAL GROUP INC AND ITS RELATED ENTITIES	AMERICAN INTERNATIONAL GROUP INC AND ITS RELATED ENTITIES	\$0.00	Sixteenth Omnibus Claims Objection	6/15/2007	DELPHI AUTOMOTIVE SYSTEMS RISK MANAGEMENT CORP
1377	12/29/2005	AMERICAN INTERNATIONAL GROUP INC AND ITS RELATED ENTITIES	AMERICAN INTERNATIONAL GROUP INC AND ITS RELATED ENTITIES	\$0.00	Sixteenth Omnibus Claims Objection	6/15/2007	EXHAUST SYSTEMS CORPORATION
1378	12/29/2005	AMERICAN INTERNATIONAL GROUP INC AND ITS RELATED ENTITIES	AMERICAN INTERNATIONAL GROUP INC AND ITS RELATED ENTITIES	\$0.00	Sixteenth Omnibus Claims Objection	6/15/2007	DELPHI AUTOMOTIVE SYSTEMS KOREA, INC
1379	12/29/2005	AMERICAN INTERNATIONAL GROUP INC AND ITS RELATED ENTITIES	AMERICAN INTERNATIONAL GROUP INC AND ITS RELATED ENTITIES	\$0.00	Sixteenth Omnibus Claims Objection	6/15/2007	DELPHI AUTOMOTIVE SYSTEMS THAILAND, INC
1380	12/29/2005	AMERICAN INTERNATIONAL GROUP INC AND ITS RELATED ENTITIES	AMERICAN INTERNATIONAL GROUP INC AND ITS RELATED ENTITIES	\$0.00	Sixteenth Omnibus Claims Objection	6/15/2007	DELPHI AUTOMOTIVE SYSTEMS INTERNATIONAL, INC
1381	12/29/2005	AMERICAN INTERNATIONAL GROUP INC AND ITS RELATED ENTITIES	AMERICAN INTERNATIONAL GROUP INC AND ITS RELATED ENTITIES	\$0.00	Sixteenth Omnibus Claims Objection	6/15/2007	DELPHI AUTOMOTIVE SYSTEMS OVERSEAS CORPORATION
1382	12/29/2005	AMERICAN INTERNATIONAL GROUP INC AND ITS RELATED ENTITIES	AMERICAN INTERNATIONAL GROUP INC AND ITS RELATED ENTITIES	\$0.00	Sixteenth Omnibus Claims Objection	6/15/2007	DELPHI AUTOMOTIVE SYSTEMS (HOLDING), INC

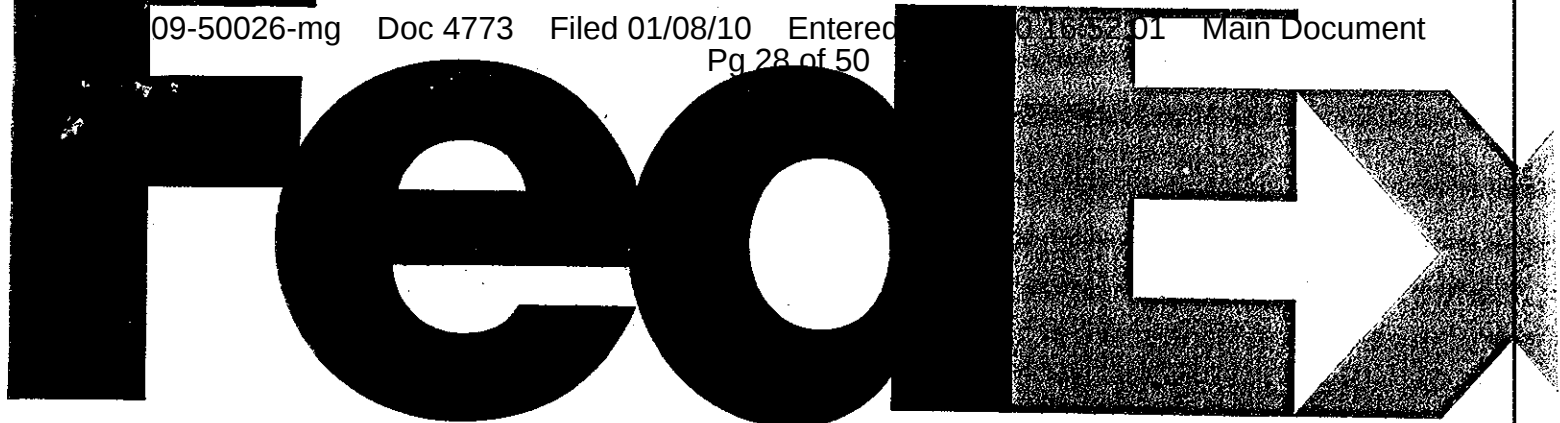
UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

-----X		
In re	:	Chapter 11
	:	
DELPHI CORPORATION, <u>et al.</u> ,	:	Case No. 05-44481 (RDD)
	:	
Debtors.	:	(Jointly Administered)
	:	
-----X		

ORDER PURSUANT TO 11 U.S.C. § 502(b) AND FED. R. BANKR. P. 2002(m),
3007, 7016, 7026, 9006, 9007, AND 9014 ESTABLISHING (I) DATES FOR
HEARINGS REGARDING OBJECTIONS TO CLAIMS AND (II) CERTAIN
NOTICES AND PROCEDURES GOVERNING OBJECTIONS TO CLAIMS

("CLAIM OBJECTION PROCEDURES ORDER")

Upon the Motion For Order Pursuant To 11 U.S.C. §§ 502(b) And 502(c) And
Fed. R. Bankr. P. 2002(m), 3007, 7016, 7026, 9006, 9007, And 9014 Establishing (i) Dates For
Hearings Regarding Disallowance Or Estimation Of Claims And (ii) Certain Notices And
Procedures Governing Hearings Regarding Disallowance Or Estimation Of Claims, dated
October 31, 2006 (the "Motion"), of Delphi Corporation and certain of its subsidiaries and
affiliates, debtors and debtors-in-possession in the above-captioned cases (collectively, the
"Debtors"); and upon the objections to the Motion and the record of the hearing held on the
Motion; and after due deliberation thereon; and good and sufficient cause appearing therefor,



Express

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Envelope



STANDARD OVERNIGHT

TRK# 4330 9470 1517

Form 0201

BUF

14301 - NY - US

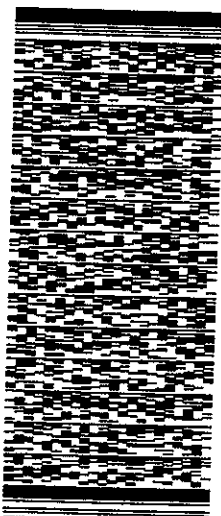
XX DKK

Ref: DELPHI ICP MEMPHIS 22250-2
Dept: Delphi Corporation

NIAGRA FALLS, NY 14301

SHARYL YVETTE CARTER
1541 LA SALLE AVE NO 1

UNITED STATES US
TO



BILL SET

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E

Align bottom of Peel and Stick Airbill or Pour

Buc 11/19/89

Alfred

PRF 22250-1

SKADDEN, ARPS, SLATE, MEAGHER & FLOM LLP
155 North Wacker Drive
Chicago, Illinois 60606
(312) 407-0700
John Wm. Butler, Jr.
John K. Lyons
Ron E. Meisler

- and -

SKADDEN, ARPS, SLATE, MEAGHER & FLOM LLP
Four Times Square
New York, New York 10036
(212) 735-3000
Kayalyn A. Marafioti

Attorneys for DPH Holdings Corp., et al.,
Reorganized Debtors

DPH Holdings Corp. Legal Information Hotline:
Toll Free: (800) 718-5305
International: (248) 813-2698

DPH Holdings Corp. Legal Information Website:
<http://www.dphholdingsdocket.com>

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

-----	x	
In re	:	Chapter 11
DPH HOLDINGS CORP., <u>et al.</u> ,	:	Case No. 05-44481 (RDD)
Reorganized Debtors.	:	(Jointly Administered)
-----	x	

NOTICE OF SUFFICIENCY HEARING WITH RESPECT TO DEBTORS'
OBJECTION TO PROOFS OF CLAIM NOS. 1374, 1375, 1376, 1377, 1378,
1379, 1380, 1381, 1382, 1383, 1384, 1385, 1386, 1387, 2539, 3175, 5408, 6468,
6668, 7269, 9396, 10570, 10571, 10835, 10836, 10964, 10965, 10966, 10967,
10968, 12251, 13464, 13663, 13699, 13730, 13734, 13863, 13875, 14334, 14350,
14751, 15071, 15075, 15513, 15515, 15519, 15520, 15521, 15524, 15525, 15532,
15584, 15586, 15587, 15588, 15590, 15591, 15592, 15593, 15594, 15595, 16175,
16591, 16849, AND 16850

EXHIBIT A

A	B	C	D	E	F	G	G
Proof Of Claim Number	Date Filed	Party Filing Proof Of Claim	Owner Of Claim	Assessed Amount	Object	Date Of Claim	Delphi Case/ Opposer Of Claim
10570	7/25/2006	TK HOLDINGS INC AUTOMOTIVE SYSTEMS LABORATORY INC AND TAKATA SEAT BELTS INC	TK HOLDINGS INC AUTOMOTIVE SYSTEMS LABORATORY INC AND TAKATA SEAT BELTS INC	\$0.00	Third Omnibus Claims Objection	10/31/2006	DELPHI TECHNOLOGIES, INC
10964	7/26/2006	TK HOLDINGS INC	TK HOLDINGS INC	\$0.00	Third Omnibus Claims Objection	10/31/2006	DELPHI TECHNOLOGIES, INC
10965	7/26/2006	TAKATA CORPORATION	TAKATA CORPORATION	\$0.00	Third Omnibus Claims Objection	10/31/2006	DELPHI TECHNOLOGIES, INC
10966	7/26/2006	HIGHLAND INDUSTRIES INC	HIGHLAND INDUSTRIES INC	\$0.00	Third Omnibus Claims Objection	10/31/2006	DELPHI TECHNOLOGIES, INC
10967	7/26/2006	HIGHLAND INDUSTRIES INC	HIGHLAND INDUSTRIES INC	\$0.00	Third Omnibus Claims Objection	10/31/2006	DELPHI CORPORATION
10571	7/25/2006	TK HOLDINGS INC AUTOMOTIVE SYSTEMS LABORATORY INC AND TAKATA SEAT BELTS INC	TK HOLDINGS INC AUTOMOTIVE SYSTEMS LABORATORY INC AND TAKATA SEAT BELTS INC	\$0.00	Fourteenth Omnibus Claims Objection	5/22/2007	DELPHI CORPORATION
10968	7/26/2006	TAKATA CORPORATION	TAKATA CORPORATION	\$0.00	Fourteenth Omnibus Claims Objection	5/22/2007	DELPHI CORPORATION
16849	5/1/2006	SHARYL YVETTE CARTER	SHARYL YVETTE CARTER	\$50,000,000.00	Thirty-Fourth Omnibus Claims Objection	6/22/2009	DELPHI AUTOMOTIVE SYSTEMS LLC
16850	4/28/2009	SHARYL YVETTE CARTER	SHARYL YVETTE CARTER	\$50,000,000.00	Thirty-Fourth Omnibus Claims Objection	6/22/2009	DELPHI CORPORATION
1374	12/29/2005	AMERICAN INTERNATIONAL GROUP INC AND ITS RELATED ENTITIES	AMERICAN INTERNATIONAL GROUP INC AND ITS RELATED ENTITIES	\$0.00	Sixteenth Omnibus Claims Objection	6/15/2007	DELPHI AUTOMOTIVE SYSTEMS LLC
1375	12/29/2005	AMERICAN INTERNATIONAL GROUP INC AND ITS RELATED ENTITIES	AMERICAN INTERNATIONAL GROUP INC AND ITS RELATED ENTITIES	\$0.00	Sixteenth Omnibus Claims Objection	6/15/2007	DELPHI AUTOMOTIVE SYSTEMS TENNESSEE, INC
1376	12/29/2005	AMERICAN INTERNATIONAL GROUP INC AND ITS RELATED ENTITIES	AMERICAN INTERNATIONAL GROUP INC AND ITS RELATED ENTITIES	\$0.00	Sixteenth Omnibus Claims Objection	6/15/2007	DELPHI AUTOMOTIVE SYSTEMS RISK MANAGEMENT CORP
1377	12/29/2005	AMERICAN INTERNATIONAL GROUP INC AND ITS RELATED ENTITIES	AMERICAN INTERNATIONAL GROUP INC AND ITS RELATED ENTITIES	\$0.00	Sixteenth Omnibus Claims Objection	6/15/2007	EXHAUST SYSTEMS CORPORATION
1378	12/29/2005	AMERICAN INTERNATIONAL GROUP INC AND ITS RELATED ENTITIES	AMERICAN INTERNATIONAL GROUP INC AND ITS RELATED ENTITIES	\$0.00	Sixteenth Omnibus Claims Objection	6/15/2007	DELPHI AUTOMOTIVE SYSTEMS KOREA, INC
1379	12/29/2005	AMERICAN INTERNATIONAL GROUP INC AND ITS RELATED ENTITIES	AMERICAN INTERNATIONAL GROUP INC AND ITS RELATED ENTITIES	\$0.00	Sixteenth Omnibus Claims Objection	6/15/2007	DELPHI AUTOMOTIVE SYSTEMS THAILAND, INC
1380	12/29/2005	AMERICAN INTERNATIONAL GROUP INC AND ITS RELATED ENTITIES	AMERICAN INTERNATIONAL GROUP INC AND ITS RELATED ENTITIES	\$0.00	Sixteenth Omnibus Claims Objection	6/15/2007	DELPHI AUTOMOTIVE SYSTEMS INTERNATIONAL, INC
1381	12/29/2005	AMERICAN INTERNATIONAL GROUP INC AND ITS RELATED ENTITIES	AMERICAN INTERNATIONAL GROUP INC AND ITS RELATED ENTITIES	\$0.00	Sixteenth Omnibus Claims Objection	6/15/2007	DELPHI AUTOMOTIVE SYSTEMS OVERSEAS CORPORATION
1382	12/29/2005	AMERICAN INTERNATIONAL GROUP INC AND ITS RELATED ENTITIES	AMERICAN INTERNATIONAL GROUP INC AND ITS RELATED ENTITIES	\$0.00	Sixteenth Omnibus Claims Objection	6/15/2007	DELPHI AUTOMOTIVE SYSTEMS (HOLDING), INC



2-12-10

APS0730298645 00002338

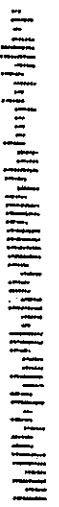


SHARYL Y CARTER
1541 LASALLE AVE, #1
NIAGRA FALLS NY 14301

P.O. Box 9386
Dublin, OH 43017-4286

IMPORTANT COURT PAPERS ENCLOSED

Return Service Requested



**PLEASE CAREFULLY REVIEW THIS OBJECTION AND THE ATTACHMENTS
HERETO TO DETERMINE WHETHER THIS OBJECTION
AFFECTS YOUR CLAIM(S)**

Harvey R. Miller
Stephen Karotkin
Joseph H. Smolinsky
WEIL, GOTSHAL & MANGES LLP
767 Fifth Avenue
New York, New York 10153
Telephone: (212) 310-8000
Facsimile: (212) 310-8007

Attorneys for Debtors
and Debtors in Possession

**UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK**

-----X	:	
In re	:	Chapter 11 Case No.
	:	
MOTORS LIQUIDATION COMPANY, <i>et al.</i> ,	:	09-50026 (REG)
f/k/a General Motors Corp., <i>et al.</i>	:	
	:	
Debtors.	:	(Jointly Administered)
	:	
-----X	:	

NOTICE OF DEBTORS' THIRD OMNIBUS OBJECTION TO CLAIMS
(Duplicate Claims)

PLEASE TAKE NOTICE that on December 8, 2009, Motors Liquidation Company (f/k/a General Motors Corporation) and its affiliated debtors, as debtors in possession (the "**Debtors**"), filed their third omnibus non-substantive objection to claims (the "**Debtors' Third Omnibus Objection to Claims**"), and that a hearing (the "**Hearing**") to consider the Debtors' Third Omnibus Objection to Claims will be held before the Honorable Robert E. Gerber, United States Bankruptcy Judge, in Room 621 of the United States Bankruptcy Court for the Southern District of New York, One Bowling Green, New York, New York 10004, on

attorneys for the statutory committee of unsecured creditors, 1177 Avenue of the Americas, New York, New York 10036 (Attn: Thomas Moers Mayer, Esq., Amy Caton, Esq., Adam C. Rogoff, Esq., and Gregory G. Plotko, Esq.); (xii) the Office of the United States Trustee for the Southern District of New York, 33 Whitehall Street, 21st Floor, New York, New York 10004 (Attn: Diana G. Adams, Esq.); and (xiii) the U.S. Attorney's Office, S.D.N.Y., 86 Chambers Street, Third Floor, New York, New York 10007 (Attn: David S. Jones, Esq. and Matthew L. Schwartz, Esq.), so as to be received no later than **January 7, 2010 at 4:00 p.m. (Eastern Time)** (the "**Response Deadline**").

PLEASE TAKE FURTHER NOTICE that if no responses are timely filed and served with respect to the Debtors' Third Omnibus Objection to Claims or any claim set forth thereon, the Debtors may, on or after the Response Deadline, submit to the Bankruptcy Court an order substantially in the form of the proposed order annexed to the Debtors' Third Omnibus Objection to Claims, which order may be entered with no further notice or opportunity to be heard offered to any party.

Dated: New York, New York
December 8, 2009

/s/ Joseph H. Smolinsky

Harvey R. Miller
Stephen Karotkin
Joseph H. Smolinsky

WEIL, GOTSHAL & MANGES LLP
767 Fifth Avenue
New York, New York 10153
Telephone: (212) 310-8000
Facsimile: (212) 310-8007

Attorneys for Debtors
and Debtors in Possession

TO THE HONORABLE ROBERT E. GERBER,
UNITED STATES BANKRUPTCY JUDGE:

Motors Liquidation Company (f/k/a General Motors Corporation) and its affiliated debtors, as debtors in possession (collectively, the “**Debtors**”), file this third omnibus non-substantive objection to claims (the “**Debtors’ Third Omnibus Objection to Claims**”) pursuant to section 502(b) of title 11 of the United States Code (the “**Bankruptcy Code**”), Rule 3007(d) of the Federal Rules of Bankruptcy Procedure (the “**Bankruptcy Rules**”), and this Court’s order approving procedures for the filing of omnibus objections to proofs of claim filed in these chapter 11 cases (the “**Procedures Order**”) [Docket No. 4180], seeking entry of an order disallowing and expunging the claims listed on **Exhibit A** attached hereto,¹ and respectfully represent:

Relief Requested

1. The Debtors have examined the proofs of claim identified on Exhibit A, and have determined that the proofs of claim listed under the heading “*Claims to be Disallowed and Expunged*” (collectively, the “**Duplicate Claims**”) are duplicates of the earlier-filed corresponding claims identified under the heading “*Surviving Claims*” (collectively, the “**Surviving Claims**”). Pursuant to section 502(b) of the Bankruptcy Code, Bankruptcy Rule 3007, and the Procedures Order, the Debtors seek entry of an order disallowing and expunging from the claims register the Duplicate Claims and preserving the Debtors’ right to later object to any Surviving Claim on any other basis.

¹ Creditors can obtain copies of the cover page of any proof of claim filed against the Debtors’ bankruptcy estates on the Debtors’ claims register on the website maintained by the Debtors’ claims agent, www.motorsliquidation.com. A link to the claims register is located under the “Claims Information” tab. Creditors without access to the Internet may request a copy of the cover page of any proof of claim by mail to The Garden City Group, Inc., Motors Liquidation Company Claims Agent, P.O. Box 9386, Dublin, Ohio 43017-4286 or by calling The Garden City Group, Inc. at 1-703-286-6401.

units, as defined in section 101(27) of the Bankruptcy Code for which the Court established June 1, 2010 as the deadline to file a proof of claim).

6. Furthermore, on October 6, 2009, this Court entered the Procedures Order, which authorizes the First Filed Debtors, among other things, to file omnibus objections to no more than 100 claims at a time, under various grounds, including those set forth in Bankruptcy Rule 3007(d) and those additional grounds set forth in the Procedures Order.

The Relief Requested Should Be Approved by the Court

7. A filed proof of claim is “deemed allowed, unless a party in interest . . . objects.” 11 U.S.C. § 502(a). If an objection refuting at least one of the claim’s essential allegations is asserted, the claimant has the burden to demonstrate the validity of the claim. *See In re Oneida Ltd.*, 400 B.R. 384, 389 (Bankr. S.D.N.Y. 2009); *In re Adelphia Commc’ns Corp.*, Ch. 11 Case No. 02-41729 (REG), 2007 Bankr. LEXIS 660 at *15 (Bankr. S.D.N.Y. Feb. 20, 2007); *In re Rockefeller Ctr. Props.*, 272 B.R. 524, 539 (Bankr. S.D.N.Y. 2000).

8. Section 502(b)(1) of the Bankruptcy Code provides, in relevant part, that a claim may not be allowed to the extent that “such claim is unenforceable against the debtor and property of the debtor, under any agreement or applicable law.” 11 U.S.C. § 502(b)(1). The Debtors have compared their books and records with the proofs of claim identified on Exhibit A and have determined that the Duplicate Claims are filed by the same claimants against the same Debtors, for the same dollar amounts, and on account of the same obligations as the corresponding Surviving Claims. The Surviving Claims are the earlier filed claims as compared to the Duplicate Claims.

9. To avoid the possibility of multiple recoveries by the same creditor, the Debtors request that the Court disallow and expunge in their entirety the Duplicate Claims. The Surviving Claims will remain on the claims register subject to further objections on any basis.

**UNITED STATES BANKRUPTCY COURT
 SOUTHERN DISTRICT OF NEW YORK**

-----X	
In re	: Chapter 11 Case No.
MOTORS LIQUIDATION COMPANY, <i>et al.</i> ,	: 09-50026 (REG)
f/k/a General Motors Corp., <i>et al.</i>	:
	:
Debtors.	: (Jointly Administered)
	:
-----X	

ORDER GRANTING DEBTORS' THIRD OMNIBUS OBJECTION TO CLAIMS
 (Duplicate Claims)

Upon the third omnibus objection to claims, dated December 8, 2009 (the "**Debtors' Third Omnibus Objection to Claims**"),¹ of Motors Liquidation Company (f/k/a General Motors Corporation) and its affiliated debtors, as debtors in possession (collectively, the "**Debtors**"), pursuant to section 502(b) of title 11 of the United States Code (the "**Bankruptcy Code**"), Rule 3007(d) of the Federal Rules of Bankruptcy Procedure (the "**Bankruptcy Rules**"), and this Court's order approving procedures for the filing of omnibus objections to proofs of claim filed in these chapter 11 cases (the "**Procedures Order**") (Docket No. 4180], seeking entry of an order disallowing and expunging the Duplicate Claims on the grounds that such claims are duplicative of the corresponding Surviving Claim, all as more fully described in the Debtors' Third Omnibus Objection to Claims; and due and proper notice of the Debtors' Third Omnibus Objection to Claims having been provided, and it appearing that no other or further notice need be provided; and the Court having found and determined that the relief sought in the Debtors' Third Omnibus Objection to Claims is in the best interests of the Debtors, their estates,

¹ Capitalized terms used herein and not otherwise defined herein shall have the meanings ascribed to such terms in the Debtors' Third Omnibus Objection to Claims.

ORDERED that this Court shall retain jurisdiction to hear and determine all matters arising from or related to this Order.

Dated: New York, New York
_____, 2010

United States Bankruptcy Judge

CLAIMS TO BE DISALLOWED AND EXPUNGED

SURVIVING CLAIMS

Name and Address of Claimant	Claim #	Debtor	Claim Amount and Priority (1)	Grounds For Objection	Objection Page Reference	Name and Address of Claimant	Claim #	Debtor	Claim Amount and Priority (1)
SANDRA AHAUS IRA	3038	Motors Liquidation Company	\$0.00 (S)	Duplicate Claim	Pgs. 1-4	SANDRA AHAUS IRA	3033	Motors Liquidation Company	\$0.00 (S)
SANDRA AHAUS 10548 PENN AVE SO BLOOMINGTON, MN 55431			\$22,880.00 (P)			SANDRA AHAUS 10548 PENN AVE SO BLOOMINGTON, MN 55431			\$22,880.00 (P)
			\$0.00 (U)						\$0.00 (U)
			\$22,880.00 (T)						\$22,880.00 (T)
Official Claim Date: 10/2/2009						Official Claim Date: 10/2/2009			

SCHOENL KEVIN M	7554	Motors Liquidation Company	\$0.00 (S)	Duplicate Claim	Pgs. 1-4	SCHOENL KEVIN M	7553	Motors Liquidation Company	\$0.00 (S)
			\$0.00 (A)						\$0.00 (A)
SCHOENL, KEVIN M 16 WEST MAIN STREET 6TH FLOOR ROCHESTER, NY 14614			\$0.00 (P)			SCHOENL, CONNIE CELLINO & BARNES PC 16 WEST MAIN STREET 6TH FLOOR ROCHESTER, NY 14614			\$0.00 (P)
			\$2,000,000.00 (U)						\$2,000,000.00 (U)
			\$2,000,000.00 (T)						\$2,000,000.00 (T)
Official Claim Date: 10/9/2009						Official Claim Date: 10/9/2009			

SHARYL Y CARTER	552	Motors Liquidation Company	\$0.00 (S)	Duplicate Claim	Pgs. 1-4	SHARYL Y CARTER	136	Motors Liquidation Company	\$0.00 (S)
			\$0.00 (A)						\$0.00 (A)
1541 LASALLE AVE, #1 NIAGRA FALLS, NY 14301			\$0.00 (P)			1541 LASALLE AVE, #1 NIAGRA FALLS, NY 14301			\$0.00 (P)
			\$0.00 (U)						\$0.00 (U)
			\$0.00 (T)						\$0.00 (T)
Official Claim Date: 6/19/2009						Official Claim Date: 6/18/2009			

SHIPMAN & GOODWIN LLP	1207	Motors Liquidation Company	\$0.00 (S)	Duplicate Claim	Pgs. 1-4	SHIPMAN & GOODWIN LLP	1217	Motors Liquidation Company	\$0.00 (S)
			\$0.00 (A)						\$0.00 (A)
ATTN JULIE A MANNING ONE CONSTITUTION PLAZA HARTFORD, CT 06103			\$0.00 (P)			JULIE A MANNING ONE CONSTITUTION PLAZA HARTFORD, CT 06103			\$0.00 (P)
			\$13,906.18 (U)						\$13,906.18 (U)
			\$13,906.18 (T)						\$13,906.18 (T)
Official Claim Date: 8/21/2009						Official Claim Date: 8/18/2009			

(1) In the "Claim Amount and Priority" column, (S) = secured claim, (A) = administrative expense claim, (P) = priority claim, (U) = unsecured claim and (T) = total claim. The amounts listed are taken directly from the proofs of claim, and thus replicate any mathematical errors on the proofs of claim. Where the claim amount is zero, unliquidated, unidentified, or otherwise cannot be determined, the amount listed is "0.00".

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<p>1. Article Addressed to:</p> <p>Honorable Robert E. Gerberg United States Bankruptcy Judge ONE Bowling GREEN, Rm 602 New York, New York 10004</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
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<p>Sent To: <u>Weil Gotshal & Manges LLP</u> <u>Attn: Harvey R. Miller / Stephen Karakny / Sandra</u> <u>Street, Apt. No., or PO Box No. 767 Fifth Avenue</u> <u>City, State, ZIP+4 New York, New York 10153</u></p>	
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<p>1. Article Addressed to:</p> <p>Weil, Gotshal & Manges LLP Attn: Harvey R. Miller / Stephen Karakny 767 Fifth Avenue New York, New York 10153</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
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Motors Liquidation Company Agent
P.O. BOX 9386
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SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Kurtzman Carson Consultants
2335 Alaska Avenue
E1, Segundo CA 90245

2. Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

FEDEX

Express

PT 356 6 D
0060 12:28
EZ

The World

Envelope



STANDARD OVERNIGHT
Form 0201
TRK# 4403 4427 0060
14301 - NY - US XX DK1



Ref: DELPH JCP MEMPHIS 23782-2
Dept: Delphi Corporation
1541 LA SALLE AVE NO 1
NIAGRA FALLS, NY 14301

10
SHARYL YVETTE CARTER
1541 LA SALLE AVE NO 1

Align bottom of Peel and Stick Airbill

Fac 1
12/28/09

SKADDEN, ARPS, SLATE, MEAGHER & FLOM LLP
155 North Wacker Drive
Chicago, Illinois 60606
John Wm. Butler, Jr.
John K. Lyons
Ron E. Meisler

- and -

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Attorneys for DPH Holdings Corp., et al.,
Reorganized Debtors

DPH Holdings Corp. Legal Information Hotline:
Toll Free: (800) 718-5305
International: (248) 813-2698

DPH Holdings Corp. Legal Information Website:
<http://www.dphholdingsdocket.com>

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

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In re	:	
	:	Chapter 11
DPH HOLDINGS CORP., <u>et al.</u> ,	:	
	:	Case No. 05-44481 (RDD)
	:	
Reorganized Debtors.	:	(Jointly Administered)
	:	
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NOTICE OF ADJOURNMENT OF CLAIMS OBJECTION HEARING WITH
RESPECT TO REORGANIZED DEBTORS' OBJECTION TO PROOF
OF CLAIM NUMBER 16850 FILED BY SHARYL Y. CARTER

("NOTICE OF ADJOURNMENT AS TO SHARYL Y. CARTER'S
PROOF OF CLAIM NUMBER 16850")

Debtors and making distributions (if any) with respect to all Claims and Interests" Modified Plan, art. 9.6.

PLEASE TAKE FURTHER NOTICE that on November 18, 2009, the Reorganized Debtors filed the Notice Of Sufficiency Hearing With Respect To Debtors' Objection To Proofs Of Claim Nos. 1374, 1375, 1376, 1377, 1378, 1379, 1380, 1381, 1382, 1383, 1384, 1385, 1386, 1387, 2539, 3175, 5408, 6468, 6668, 7269, 9396, 10570, 10571, 10835, 10836, 10964, 10965, 10966, 10967, 10968, 12251, 13464, 13663, 13699, 13730, 13734, 13863, 13875, 14334, 14350, 14751, 15071, 15075, 15513, 15515, 15519, 15520, 15521, 15524, 15525, 15532, 15584, 15586, 15587, 15588, 15590, 15591, 15592, 15593, 15594, 15595, 16175, 16591, 16849, And 16850 (Docket No. 19108) (the "Sufficiency Hearing Notice") scheduling a sufficiency hearing (the "Sufficiency Hearing") for December 18, 2009, at 10:00 a.m. (prevailing Eastern time) in the United States Bankruptcy Court for the Southern District of New York, 300 Quarropas Street, Room 118, White Plains, New York 10601-4140 to address the legal sufficiency of each Proof of Claim and whether each Proof of Claim states a colorable claim against the asserted Debtor.

PLEASE TAKE FURTHER NOTICE that pursuant to paragraph 9(a)(ii) of the Order Pursuant To 11 U.S.C. § 502(b) And Fed. R. Bankr. P. 2002(m), 3007, 7016, 7026, 9006, 9007, And 9014 Establishing (i) Dates For Hearings Regarding Objections To Claims And (ii) Certain Notices And Procedures Governing Objections To Claims, entered December 7, 2006 (Docket No. 6089) (the "Claims Objection Procedures Order"), the Sufficiency Hearing with respect to proof of claim number 16850 is hereby adjourned to January 21, 2010.

PLEASE TAKE FURTHER NOTICE that the Sufficiency Hearing will proceed in accordance with the procedures provided in the Claims Objection Procedures Order unless

Dated: New York, New York
December 24, 2009

SKADDEN, ARPS, SLATE, MEAGHER
& FLOM LLP

By: /s/ John Wm. Butler, Jr.

John Wm. Butler, Jr.

John K. Lyons

Ron E. Meisler

155 North Wacker Drive

Chicago, Illinois 60606

- and -

By: /s/ Kayalyn A. Marafioti

Kayalyn A. Marafioti

Four Times Square

New York, New York 10036

Attorneys for DPH Holdings Corp., et al.,
Reorganized Debtors



Ohio Bureau of Workers Compensation Detail

Access: REPRESENTATIVE
Selection: SSN SEARCH
Sub Selection: CLAIM STATUS
SSN: 98-801409

Date/Time Searched: 10/28/2008 02:40 PM

Ohio BWC Status: CONNECTED

☒ DISCONNECT

Claim Status

Claim #	98-801409	Claim Status	DISALLOWED	Claim Type	MO-ACC-SI-COV
Injured Worker	CARTER, SHARYL Y			Injury Date	03-01-1998
Filing Date	05-19-2003	Statute of Lim.	03-01-2004	Change Over	
Status	ACTIVE	Status Date	03-01-1998	Handicap Pct.	0.0
Last Hearing		Last Medical Paid		Last Indemnity Paid	
Tot Amount Paid	\$0.00	Tot Medical Paid	\$0.00	Tot Indemnity Paid	\$0.00
Provider Contact		Inj Worker Contact		Employer Contact	
Medical Settled		Compensation Settled		Determination	06-30-2003
Last Updated	04-28-2006	MMI Date			

Selection Menu

SSN Search

Injured Worker

Injury Status

Payment Plan

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Ohio Bureau of Workers Compensation Detail

Access: REPRESENTATIVE
Selection: SSN SEARCH
Sub Selection: CLAIM STATUS
SSN: 04-826088

Date/Time Searched: 10/28/2008 02:39 PM

Ohio BWC Status: CONNECTED

☒ DISCONNECT

Claim Status

Claim #	04-826088	Claim Status	DISALLOWED	Claim Type	LT-ACC-SI-COV
Injured Worker	CARTER, SHARYL Y			Injury Date	04-27-2004
Filing Date	05-12-2004	Statute of Lim.	04-27-2014	Change Over	06-24-2004
Status	ACTIVE	Status Date	04-27-2004	Handicap Pct.	0.0
Last Hearing		Last Medical Paid		Last Indemnity Paid	
Tot Amount Paid	\$0.00	Tot Medical Paid	\$0.00	Tot Indemnity Paid	\$0.00
Provider Contact		Inj Worker Contact		Employer Contact	
Medical Settled		Compensation Settled		Determination	06-24-2004
Last Updated	09-14-2004	MMI Date			

Selection Menu

SSN Search

Injured Worker

Injury Status

Payment Plan

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Ohio Bureau of Workers Compensation Detail

Access: REPRESENTATIVE
Selection: SSN SEARCH
Sub Selection: CLAIM STATUS
SSN: 06-888317

Date/Time Searched: 10/28/2008 02:39 PM

Ohio BWC Status: **CONNECTED**

☒ DISCONNECT

Claim Status

Claim #	06-888317	Claim Status	DISMISSED	Claim Type	LT-ACC-SI-COV
Injured Worker	CARTER, SHARYL Y			Injury Date	12-15-2006
Filing Date	01-10-2007	Statute of Lim.	12-16-2011	Change Over	
Status	ACTIVE	Status Date	12-15-2006	Handicap Pct.	0.0
Last Hearing		Last Medical Paid		Last Indemnity Paid	
Tot Amount Paid	\$0.00	Tot Medical Paid	\$0.00	Tot Indemnity Paid	\$0.00
Provider Contact		Inj Worker Contact		Employer Contact	
Medical Settled		Compensation Settled		Determination	03-05-2007
Last Updated	11-05-2007	MMI Date			

Selection Menu

SSN Search

Injured Worker

Injury Status

Payment Plan

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Ohio Bureau of Workers Compensation Detail

Access: REPRESENTATIVE
Selection: SSN SEARCH
SSN: 084-58-9353

Date/Time Searched: 10/28/2008 02:39 PM

Ohio BWC Status: CONNECTED

DISCONNECT

Social Security Search

Click the circle next to the Claim Number and then click on the appropriate Sub Request.

CLAIM #	INJURED WORKER	DATE OF INJURY	ARCHIVED	SOURCE	STATUS
<input type="radio"/> 98-801409	SHARYL Y CARTER	03/01/1998			
<input type="radio"/> 06-888317	SHARYL Y CARTER	12/15/2006			
<input type="radio"/> 04-826088	SHARYL Y CARTER	04/27/2004			

Selection Menu

Claim Location

Claim Status

Injured Worker

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